

40 CFR Part 61 Subpart M.

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Revised	Notification		
I. TYPE OF NOTIFICATION (O – Original R – Revised C – Canceled):					
II FACILITY INFORMATION					
OWNER NAME:					
Address:					
City:	State:	Zip:			
Contact:		Telephone:			
REMOVAL CONTRACTOR:					
Address:					
City:	State:	Zip:			
Contact:		Telephone:			
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:		Telephone:			
III. TYPE OF OPERATION (D – Demo O – Ordered Demo R – Renovation E – Emergency Renovation)					
IV. IS ASBESTOS PRESENT? (Yes / No)					
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Building Name:					
Address:					
City:	State:	Zip:			
Site Location					
Building Site:	# of Floors:	Age in Years:			
Present Use:		Prior Use:			
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. Regulated ACM to be removed 2. Category I AMC Not Removed 3. Category II ACM Not Removed	RACH To be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Cat I	Cat II		Unit
Pipes				Ln Ft:	Ln m:
Surface Area				Sq. Ft:	Sq m:
Vol RACH Off Facility Component				Cu Ft:	Cu m:
VIII: SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)		Start:		Complete:	
IX: SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)		Start:		Complete:	

Continued on page two

Figure 3. Notification of Demolition and Renovation

Please send to:

Bob Burmark, Department of Ecology, Air Quality Program, P.O. Box 47600, Olympia, WA 98504-7600

Phone: (360) 407-6812 Fax: (360) 407-7534, rbur461@ecy.wa.gov

40 CFR Part 61 Subpart M.

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
XII. WASTE TRANSPORTER #1:		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Telephone:
WASTE TRANSPORTER #2:		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Telephone:
XIII. WASTE DISPOSAL SITE:		
Name:		
Location:		
City:	State:	Zip:
Telephone:		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
_____ (Signature of Owner/Operator)		_____ (Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
_____ (Signature of Owner/Operator)		_____ (Date)

Figure 3. Notification of Demolition and Renovation